

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214510415						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>COLORADO BANKERS LIFE INSURANCE COMPANY</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b></p> <p><b>RICHMOND, VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>2/28/2014</b></p> <p>SCC ID NO: <b>F0474785</b></p> </div> </div>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>CO</b></p> </div> <div style="width: 35%;"> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>5,000,000</td> </tr> <tr> <td>PREFER</td> <td>5,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000,000	PREFER	5,000,000
CLASS	AUTHORIZED							
COMMON	5,000,000							
PREFER	5,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 5990 GREENWOOD PLAZA BLVD SUITE 325</p> <p style="text-align: center;">CITY/ST/ZIP: GREENWOOD VILLAGE, CO 80111</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> NAME: JOSEPH WIESER  TITLE: PRESIDENT  ADDRESS: 5990 GREENWOOD PLAZA BLVD #325  CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 40%;"></td> </tr> </table>			NAME: JOSEPH WIESER TITLE: PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
NAME: JOSEPH WIESER TITLE: PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> NAME: JOANNE E ASHTON  TITLE: ASST VP/T  ADDRESS: 5990 GREENWOOD PLAZA BLVD #325  CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> <td style="width: 40%;"></td> </tr> </table>			NAME: JOANNE E ASHTON TITLE: ASST VP/T ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
NAME: JOANNE E ASHTON TITLE: ASST VP/T ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> NAME: TIMOTHY J CATRON  TITLE: VICE PRESIDENT  ADDRESS: 5990 GREENWOOD PLAZA BLVD #325  CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> <td style="width: 40%;"></td> </tr> </table>			NAME: TIMOTHY J CATRON TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
NAME: TIMOTHY J CATRON TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> NAME: STEVEN FRY  TITLE: VICE PRESIDENT  ADDRESS: 5990 GREENWOOD PLAZA BLVD #325  CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> <td style="width: 40%;"></td> </tr> </table>			NAME: STEVEN FRY TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
NAME: STEVEN FRY TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> NAME: DAVID James Burghard  TITLE: VICE PRESIDENT  ADDRESS: 5990 GREENWOOD PLAZA BLVD #325  CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> <td style="width: 40%;"></td> </tr> </table>			NAME: DAVID James Burghard TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
NAME: DAVID James Burghard TITLE: VICE PRESIDENT ADDRESS: 5990 GREENWOOD PLAZA BLVD #325 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joseph MARK LAMERE VICE PRESIDENT 5990 GREENWOOD PLAZA BLVD #325 GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA WELLS VICE PRESIDENT 5990 GREENWOOD PLAZA BLVD. SUITE 325 GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES WILLSON VICE PRESIDENT 5990 GREENWOOD PLAZA BLVD #325 GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM BARNES SECRETARY 1020 31ST STREET DOWNERS GROVE, IL 60515	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS BLUM ILLUST ACTUARY 5990 GREENWOOD PLAZA BLVD #325 GREENWOOD VILLAGE, CO 80111	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA GALLAGHER APPTD ACTUARY 1020 31ST STREET DOWNERS GROVE, IL 60515	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gregory Sander Benesh Chief Actuary 1020 31ST STREET DOWNERS GROVE, IL 60515	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL James Malouf CHAIRMAN 1020 31ST STREET DOWNERS GROVE, IL 60515	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERARD MALLEN DIRECTOR 300 E RANDOLPH CHICAGO, IL 60601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PATRICIA WELLS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA WELLS, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/25/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			